AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002 Office (413) 256-4077 Fax (413) 256-4053 Environmental Health (413) 256-4033 www.amherstma.gov

PRACTITIONER OF THERAPEUTIC MASSAGE APPLICATION FOR LICENSE

, 200_	_	ANNUAL FEE - \$125.00		
Personal Information:				
Name:	Residence:(number & street)			
City/Town	State	Zip Code		
Mailing Address (if differ	rent):			
City / Town	State	Zip Code		
Date of Birth://	_ SS# or Fed ID#	Home Tel. #		
2 .				
Business Information:				
DBA:	(Either a business name or your o			
Address: (Place of practice)	ress: Business Phone:			
Name and Address of sch	nool attended:			
Date of Graduation: Hours of Training:				
Do you have/had a massa	ge license in any other jurisc	liction?YesNo		
If yes, list city/towns/stat	es:			
Was it ever suspended or	revoked?NoYe	s; explain		

Are you AM	ITA certified?	_NoY	Yes; Member Number	
Are you AB	BMP certified?	_No	Yes; Member Number	
If no, give n	name, address and po	olicy numbe	er for personal liability and malpractice insurance.	
Signature: _			Date:	
Workers C	ompensation Insur	ance Affida	avit (M.G.L. c. 152 #25C (6))	
I,	do hereby certify that:			
		-	lowing workers compensation coverage for my (policy # / insurance	
	n not required to have . 25 (c) (6)	e workers'	compensation insurance under M.G.L. c. 152,	
*Any applic	ant that checks #1 al	oove must al	so fill out the Worker's Compensation Affidavit.	
	Please Ret	urn Compl	eted Application With Payment	
	(Please Check One) Original	Application Renewal	
Return to:	Environmental Hea Bangs Community 70 Boltwood Walk Amherst, MA 0100	Center, 2 nd		